

Meeting Agenda

Division:	Iowa Medicaid Enterprise Quality Improvement Organization (QIO)		
Meeting Title:	Clinical Advisory Committee (CAC)		
Facilitator:	Dr. Mark Randleman		
Location:	Lucas building, 321 E. 12 th St., Des Moines, 5 th Floor, Rm 517/518		
Date:	August 23, 2019	Time:	1:00 PM – 4:00 PM

Meeting Objectives

The purpose of the CAC is to increase the efficiency, quality and effectiveness of the Medicaid healthcare system. The CAC provides a process for physician and other health care provider contributions to promote quality care, member safety, cost effectiveness and positive physician and provider relations through discussion about Medicaid benefits and healthcare services.

The CAC is charged with recommending clinically appropriate healthcare utilization management and coverage decision to the Department of Human Services (DHS) for the Iowa Medicaid program.

Meeting Participants

Dr. Mark Randleman- IME personnel Teri Stolte- IME personnel Dr. Stephen Mandler- Chief Medical Officer, Orchard Place Dr. Nick Galioto- Family Practice Dr. Dennis Zachary- Family Practice Dr. Kathy Lange- Family Practice Dr. Andrea Silvers- Family Practice Dr. Alex Hubbell- Family Practice Dr. David Smith, Iowa Total Care Dr. Clarice Blanchard- Family practice/Emergency Medicine Dr. Angela Kloepper, Amerigroup	Non-committee members: Chris VanWynen- Sarepta Eric Cox- Avexis Aimee Redhair- Biogen Tami Sova- Biogen Natalie Ginty- Iowa House GOP Rani Hopkins- Parent LC (Illegible)- Parent Kim Witte- Avexis Kris Poppie- Sobie Marissa Eyanson- IME Policy Bureau Chief IME Medical Services personnel: Tami Lichtenberg, Cassie Reece, Shelley Horak, Jennifer Ober, Becky Carter
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Agenda Topics

Introductions/Announcements-	Public Comment Period
Approval of Minutes from April meeting- Correction-Randleman: Under New Business- Dr. Smith had said new Medicaid applicants are automatically going to Fee For Services (FFS) and then are assigned the first of the following month to an MCO. This should actually read: Passive	Criteria Review

Agenda Topics

<p>Assignment begins 7/1/19. Members will automatically be assigned an MCO upon enrollment. Correction approved- Galioto, motioned to approve; Mandler seconded. All approved.</p>	
<p>Old Business/SIM Update- Shelley Horak- State Innovation Model, \$43 million grant to inspire healthcare transformation ended 4/30. Final reports were submitted on 7/30 and this week those reports were approved by CMMI. Now that they are approved, we need to ask permission to publish those reports. This takes approx. 60 days and when those reports are published I will send those out through the proper channels and publically posted on the DHS website.</p> <p>The public policy center is still working to finalize our year four evaluation and our culminating evaluation, so we're going to put all four years together. Public policy center has done the required state evaluation and I think have gone above and beyond. They've done some really great things related to the process of SIM and demonstrated some really great outcomes related to our test populations- Medicaid members with an at risk for diabetes. We will also have our core metrics including: measures of diabetes, measures of cost of care, members enrolled in value based plans.</p> <p>We also looked at CDIF- after stroke events, BMI screening- those will also be available 60 days from now. Our report includes several accomplishments such as: great movement on social determinants of health. In that area, the relevant items was that the Managed Care Organizations (MCOs) are going to be collecting standardized social measures- 7 categories, 13 measures total- great when you think about the alignment. We share roughly 7 of those measures with the QHCs and their Prepare tool- so there are some patients that cross over but we're going to be able to compare data as we move forward.</p> <p>There is also the State Data Center that built a dashboard to track selected census measures to identify social needs in census tracts. Before they had that by county level, they had that they put together a really neat representation to show how you know what your census tract is and selecting by county to view demographic info, economic info, etc. That is not quite finished because we selected a census year to request that census information. Our C3's did a fantastic job and we expanded our care team model to 13 more, so altogether we had 20 community care teams that worked on many items, but focused on Medicaid members at risk for</p>	<p>Upcoming Meetings</p>

Agenda Topics	
<p>diabetes and looked at social needs and connecting them with the clinics. Social needs was one of the areas where we least expected to make progress, but was one that seemed to mean a lot to the healthcare community.</p> <p>We expect that the Governors round table visioning will continue to meet. I don't have a date yet to discuss healthy communities and data use and sharing.</p> <p>Q: Randleman- With the SIM grant ending are there any subsequent grants keying off of that grant?</p> <p>A: CMMI has not put out any related funding. A couple of grants related to opioids have been released and there is word that there will be a more social determinants type grant coming, but we haven't seen much from the innovation center. It looks to me like they are regrouping. You will also be able to see along with the evaluation of the Round 1 states, federal evaluators, the Urban Institute put together, Round 2 states. Iowa's federal evaluation just wrapped up July 30th as well.</p>	
New Business-	

Action Items		
Item #	Description	Speaker
2	<p>New Business</p> <p>A. MCO Medical Directors Update</p> <p>Amerigroup- Kloepper- We're doing very well. We've had a substantial increase in membership over this past summer. UHC has made this transition so much smoother by using lessons learned from years past. We've increased our staff since we've doubled our membership; a couple of new physicians are starting. No big changes other than that.</p> <p>Iowa Total Care - Smith- ITC started 7/1, We are trying to get Centene corporate to fit within Iowa. I am the medical director right now. We are figuring out how corporate programs fit into state programs, getting fair amount of push back from providers where they don't coincide well.</p> <p>Silvers- We have a lot of specialist in central Iowa who have not yet signed agreements and</p>	<p>Dr. Kloepper-Shapiro</p> <p>Dr. Alwahdani/ Dr. C. David Smith</p>

Action Items

patients can't see their surgeons and what not until that's complete. How are we doing with that?

Smith- We continuing continuity of care until 10/1. They should be able to go back to their provider. Our communications just need to improve. We are doing utilization management. Providers- non-participating can still see patients at 80% of rate.

Mandler- PA that have been approved are to be continued?

Smith- Pharmacy is cut out so do their own peer to peers, but you're right, it should be continued.

There should be a 90 day continuity of care where they can continue.

B. IME Updates

Randleman – IME - We've hired a new medical director, Dr. Bill Jagiello starting Sept. 3rd. Any recommendations for new members on Clinical Advisory Committee, none were offered.

Dr. Randleman

Last Name	First Name	Date Joined CAC
Buske	Sherry	4/1/2015
Galioto	Nicholas	7/1/2014
Lange	Kathleen	7/1/2016
Silvers	Andrea	4/1/2015
Wright	Daniel	10/1/2013
Zachary	Dennis	7/1/2017
Mandler	Wright	10/19/2018
Hubbell	Zachary	10/19/2018
Blanchard	Clarice	2/15/2019

3

Public Comment Period-
Rani Hopkins-Parent of a child that has SMA type 1. My son is currently taking spinraza and doing really well but is also within Zolgensma age range. We do not have any long term studies on the effects of Zolgensma on infants. I know you are considering criteria today. Please take into consideration that we do not know long term what will happen. I would love for a one and done solution, but please consider that Spinraza is working for some people.

Tami Sora - Biogen- pharmacist Spinraza- Natalizumab (Tysabri) Mono therapy for relapsing forms of Multiple Sclerosis. It increases risk of PML- Expected benefit to offset risk. Reconsider the requirement of an MS patient to fail another

Guests

Action Items

	<p>agent prior to Tysabri, talking about the specific highly active disease patients. Clinical benefit shown in these patients, based on reduction of relapses. Increases risk of PML – 800 cases most in Europe, with immunio suppressant therapy. Touch program to look at risk for PML FDA put risk mitigation, index level that Biogen pays for. There are 200-300 cases in US.</p> <p>Eric Cox- Avexis- Zolgensma- gene replacement therapy for SMA for pediatric patients under 2 yrs of age. Study included 130 patients. The most frequent adverse reaction includes elevated amino transferase levels in about 27% and vomiting that occurred in approx. 7% and a box warning for acute serious liver injury.</p> <p>Q: Randleman- How was the cost established?</p> <p>A: Cox- Fair price relative to what is out there for available therapies.</p>	
4	<p>Criteria Review</p> <ul style="list-style-type: none"> • 21-gene RT-PCR Assay (Oncotype DX)- <p>No recs</p> <ul style="list-style-type: none"> • Genetic Testing for Cancer (BRCA I-II, BART) <p>No recs</p> <ul style="list-style-type: none"> • Ado-trastuzumab emutansine (Kadcyla) <p>No recs</p> <ul style="list-style-type: none"> • Fluocinolone acetate intravitreal implant (Iluvien & Retisert) <p>No recs</p> <ul style="list-style-type: none"> • Idursulfase (Elaprase) <p>No recs</p> <ul style="list-style-type: none"> • Memantine (Namenda) for Autism Spectrum Disorder (ASD) <p>No recs</p> <ul style="list-style-type: none"> • Natalizumab (Tysabri) <p>Will add to October's agenda</p> <ul style="list-style-type: none"> • Nusinersen (Spinraza) <p>No recs</p> <ul style="list-style-type: none"> • Oritavancin (Orbactiv) <p>No recs</p> <ul style="list-style-type: none"> • Zolgensma- NEW <p>No recs</p> <ul style="list-style-type: none"> • Augmentative Communication Systems <p>Added 'developmental pediatrician or child psychiatrist to: h. Required from the speech or language pathologist is information on'</p> <ul style="list-style-type: none"> • Back-up Ventilators <p>No recs</p> <ul style="list-style-type: none"> • Percussors <p>No recs</p> <ul style="list-style-type: none"> • Strollers and Wheelchairs for Safety <p>No recs</p> <ul style="list-style-type: none"> • Imaging for Incidental Lesions 	Dr. Randleman

Action Items		
	No recs <ul style="list-style-type: none"> • Laser Linear Accelerator Based Stereotactic Radiosurgery (LABSR) No recs <ul style="list-style-type: none"> • Prophylactic Mastectomy No recs <ul style="list-style-type: none"> • Reduction Mammoplasty/Mastopexy Changed age of 22 to 18 <ul style="list-style-type: none"> • CMH Level of Care- checking IA code, may be running into federal authority, which we need to be able to comply • Habilitation Level of Care- Added 'for at least two years' to intermittent basis. Added definition of "psychiatric treatment" and "history of psychiatric illness". 	
5	Other New Business/Discussion – publication date of recommendations. No finalized timeframe is available at this time.	Committee
6	Upcoming Meetings <ul style="list-style-type: none"> • October 18, 2019 • January 17, 2020 	Dr. Randleman
7	Adjournment of Meeting- Galioto motioned to adjourn and Lange 2 nd .	

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Guests wishing to address the CAC during the public comment period should see Teri Stolte and complete a disclosure form.